

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION**

BOARD OF MEDICINE

***64 New York Avenue, NE, 1st Floor
Washington, DC 20002***

WITH A CHECK FOR FIFTY DOLLARS (\$50.00)
PAYABLE TO THE "FEDERATION OF STATE MEDICAL BOARDS"
MAIL THIS FORM TO:

DISCIPLINARY INQUIRIES

Federation of State Medical Boards
400 Fuller-Wiser Road
Suite 300
Euless, Texas 76039-3855

The District of Columbia Board of Medicine requests a disciplinary search concerning the following individual:

Name (Last, First, Middle)

DATE OF BIRTH (month/day/year)

- -

Social Security Number

License No.

Street Address (Business)

(Apt. #)

City, State, Zip Code

Medical School of Graduation and Branch Location

Date of Graduation

Please mail the response to the following address:

**Department of Health
D.C. Board of Medicine
1st Floor
64 New York Avenue, NE
Washington, DC 20002**

Signature

Date